PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (871)-273-2888

This Torright This form should be

| | | | | orders and notification of (a) specifying a new corre | | | | |
|---|---|---------------------------|----------------------------------|--|--|---------------------|---|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) | | | | | Note: A certificate of mailing can only be used for domestic mailings of to Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, manave its own certificate of mailing or transmission. | | | |
| 1095 7590 02/17/2011 | | | | | | | | |
| NOVARTIS CORPORATE INTELLECTUAL PROPERTY | | | | | I hereby certify that this Fee(s) Transmittal is being deposited with the Unit States Postal Service with sufficient postage for first class mail in an enveloy addressed to the Mail Stop ISSUE FEE: address above, or being facsimit transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | |
| ONE HEALTH | | ROPER | TY | Ŝta | tes Postal Service | with suf | ficient postage for fir | st class mail in an envelo |
| | ER, NJ 07936-1080 | | | tra | ressed to the Mai asmitted to the USP | TO (57 | ISSUE FEE address I) 273-2885, on the da | above, or being facsim ate indicated below. |
| | | | | | | Kare | n Zielen | (Depositor's nam |
| | | | May 16_, 2011 | | | (Signatus | | |
| | | | | | | (Dan | | |
| APPLICATION NO. | APPLICATION NO. FILING DATE | | | FIRST NAMED INVENTOR | 1 | ATTORNEY DOCKET NO. | | CONFIRMATION NO. |
| 10/738,912 12/16/2003 | | | | Herman E. Snyder | PAT053285-US-CNT 8356 | | | |
| TITLE OF INVENTION | : PREFILMING ATOM | IZER | | | | | | |
| | | | | | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSU | FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSU | E FEE | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | NO | | \$1510 | \$300 | \$0 | | \$1810 | 05/17/2011 |
| EXAMINER ART UNIT | | | | CLASS-SUBCLASS | 1 | | | |
| BOECKMANN, JASON J 3752 | | | | 239-102200 | - | | | |
| 1. Change of correspond | ence address or indication | n of "Fee A | Address" (37 | 2. For printing on the | patent front page, li | st | | |
| CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. | | | | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, | | | | |
| Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form | | | | (2) the name of a single firm (having as a member a | | | | |
| PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | | registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | |
| 3. ASSIGNEE NAME A | ND RESIDENCE DAT | A TO BE I | PRINTED ON | THE PATENT (print or ty | pe) | | | |
| PLEASE NOTE: Un recordation as set fort | less an assignee is ident h in 37 CFR 3.11. Com | ified below | v, no assignee his form is NO | data will appear on the p | atent. If an assign | ee is id | lentified below, the de | ocument has been filed for |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | | | |
| NOVARTIS AG BASEL, SWITZERLAND | | | | | | | | |
| Please check the appropr | iate assignee category o | categories | (will not be p | rinted on the patent): | Individual 🖸 Co | xporati | on or other private gro | oup entity Governmen |
| 4a. The following fee(s) | are submitted: | | 4 | b. Payment of Fee(s): (Ple | ase first reannly ar | v nrev | iously naid issue fee | shown above) |
| 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 2 Issue Fee A check is enclosed. | | | | | | | | |
| ☐ Publication Fee (No small entity discount permitted) ☐ Payment by credit card. Form PTO-2038 is attached. | | | | | | | | |
| Advance Order - # | reby authorized to charge the required fee(s), any deficiency, or credit any reposit Account Number <u>19-0134</u> (enclose an extra copy of this form). | | | | | | | |
| 5. Change in Entity Sta | tus (from status indicate | d above) | | | | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| | s SMALL ENTITY state | | | b. Applicant is no lon | | | | |
| NOTE: The Issue Fee an interest as shown by the | d Publication Fee (if req records of the United Sta | uired) will tes Patent | not be accepte and Trademark | d from anyone other than Office. | the applicant; a regi | stered a | ttorney or agent; or th | e assignee or other party |
| Authorized Signature | M | al | Ma | mr. | Date | | May <u>(6</u> , | 2011 |
| Typed or printed nameMichael JMAZZA // | | | | | Registration N | ío | 30,775 | 5 |
| This collection of inform | ation is required by 37 C | FR 1.311. | The informati | on is required to obtain or | retain a benefit by t | he publ | ic which is to file (and | by the USPTO to proces |

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR I.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and including the completed application from the USPIO. Three will ware people gauge the inguithed area, knowled comments on the amount of time your require to complete specialistic properties and the complete complete complete application from the USPIO. Three will ware people gauge the inguithed area. Any comments on the amount of time you require to complete the properties and the united to the USPIO. The complete complete gathering the properties are the united to the USPIO. The use of the USPIO. The U

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.